



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: KING'S DAUGHTERS HOSPITAL & HEALTH SERVICES

City of Hospital: Madison

Year Begin: 01/01/2014 (mm/dd/yyyy format)

Year End: 12/31/2014 (mm/dd/yyyy format)

Person Completing the Report: Stacy Denning

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Medicare Provider Number: 150069

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$84811459
Outpatient Patient Service Revenue	\$164072393
Total Gross Patient Service Revenue	\$248883852

2. Deductions From Revenue

Contractual Allowance	\$139454508
Other Deductions	\$4934476
Total Deductions	\$144388984

3. Total Operating Revenue

Net Patient Service Revenue	\$104494868
Other Operating Revenue	\$2573875
Total Operating Revenue	\$107068743

4. Operating Expenses

Salaries and Wages	\$29612997	Employee Benefits	\$9519818
Depreciation and Amortization	\$10788069	Interest Expense	\$4487467
Bad Debt	\$11163496	Other Expenses	\$32520073
Total Operating Expenses	\$98091920		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$8976823	Total Assets	\$241257319
Net Non-operating Gains over Loss	\$2686798	Total Liabilities	\$114823185

Total Net Gains	\$11663621
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$121864834	\$91478729	\$30386105
Medicaid	\$34227803	\$26354301	\$7873502
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$92791215	\$21621478	\$71169737
Total	\$248883852	\$139454508	\$109429344

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$19806	\$-19806

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$33425	\$195027	\$-161602
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	203
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$4934476
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1716255	
HCI Payments	\$0		
Subtotal	\$0	\$1716255	\$-1716255
Medicaid Shortfalls	\$6973502	\$11904738	
Subtotal	\$6973502	\$13620993	\$-6647491
DSH Payments	\$900,000		
Subtotal	\$7873502	\$13620993	\$-5747491
Medicare Shortfalls	\$30386105	\$42385686	
Other Government Programs	\$0	\$0	
Total	\$38259607	\$56006679	\$-17747072

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$50719	\$327477	\$-276758
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$34879	\$-34879
Other Allocations	\$199096	\$289387	\$-90291

Comments

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